



Requested Disposal Facility: 3416 Maloy Solid Waste LF TX

Waste Profile #

Saveable fill-in form. Restricted printing until all required (yellow) fields are completed.

I. Generator Information

Sales Rep #:

Generator Name: United States Environmental Protection Agency - Region 6			
Generator Site Address: (b) (6)			
City: Leonard	County: Fannin	State: Texas	Zip: 75452
State ID/Reg No:	State Approval/Waste Code: (if applicable)		NAICS # :
Generator Mailing Address (if different): <input checked="" type="checkbox"/> 1445 Ross Avenue			
City: Dallas	County: Dallas	State: Texas	Zip: 75202-2733
Generator Contact Name: Gary Moore, Federal On-Scene Coordinator		Email: moore.gary@epa.gov	
Phone Number: (214) 665-6609	Ext:	Fax Number:	

II. Billing Information

Bill To: Environmental Restoration, LLC	Contact Name: Don Edgington		
Billing Address: 1666 Fabick Drive	Email: d.edgington@erllc.com		
City: Fenton	State: Missouri	Zip: 63026	Phone: (251) 406-0220

III. Waste Stream Information

Name of Waste: Construction & demolition (C&D) debris	
Process Generating Waste: Demolition and removal of on-site building and foundation.	
Type of Waste:	<input type="checkbox"/> INDUSTRIAL PROCESS WASTE <input checked="" type="checkbox"/> POLLUTION CONTROL WASTE
Physical State:	<input checked="" type="checkbox"/> SOLID <input type="checkbox"/> SEMI-SOLID <input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID
Method of Shipment:	<input checked="" type="checkbox"/> BULK <input type="checkbox"/> DRUM <input type="checkbox"/> BAGGED <input type="checkbox"/> OTHER:
Estimated Annual Volume:	150 Tons
Frequency:	<input checked="" type="checkbox"/> ONE TIME <input type="checkbox"/> ONGOING
Disposal Consideration:	<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> SOLIDIFICATION <input type="checkbox"/> BIOREMEDIATION

IV. Representative Sample Certification

☒ NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Type of Sample: <input type="checkbox"/> COMPOSITE SAMPLE <input type="checkbox"/> GRAB SAMPLE	
Sample Date:	

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V. Physical Characteristics of Waste

Characteristic Components			% by Weight (range)		
1. Concrete, gravels, rock			80 - 100%		
2. Metal, glass, wood			0 - 30%		
3. Trash/PPE			0 - 10%		
4.					
5.					
Color varies	Odor (describe) none	Does Waste Contain Free Liquids? <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	% Solids 100%	pH: n/a	Flash Point n/a °F

Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm)[reference 40 CFR 261.23(a)(5)]?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste a reactive or heat generating waste?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does the waste contain sulfur or sulfur by-products?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste generated at a Federal Superfund Clean Up Site?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste from a TSD facility, TSD like facility or consolidator?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No

VI. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

Authorized Representative Name And Title (Type or Print)

Company Name

Authorized Representative Signature

Date